At a Glance:

VDH VIRGINIA DEPARTMENT OF HEALTH
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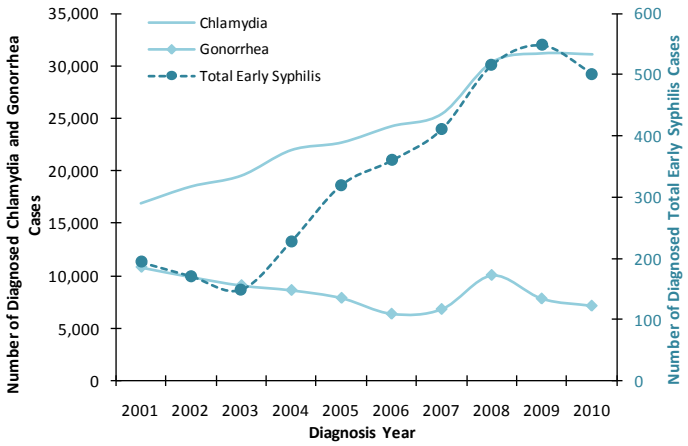
Sexually Transmitted Diseases

Almost 40,000 Virginians were reported as being diagnosed with a gonorrhea, chlamydia, or syphilis infection in 2010. Although not reportable, about twice that many may be infected with herpes or human papillomavirus (HPV) each year. HPV is the virus that causes cervical cancer. Virginia receives about $2 million in federal funds and $200,000 in state funds each year for the prevention of sexually transmitted diseases (STD). This amount has remained fairly level for the last 10 years.

Chlamydia is the most frequently reported bacterial disease in the US. In the most recent year for which national data is available (2009), Virginia ranked 25 among states for total morbidity and reported a slightly lower rate of disease than the nation as a whole (Virginia 397.8 per 100,000; US 409.2).

Diagnosed Chlamydia, Gonorrhea & Total Early Syphilis (TES*) Cases in Virginia, 2001-2010



** TES includes Primary, Secondary and Early Latent*

SUCCESSES

In 2010, screening for gonorrhea and chlamydia prevented an estimated 19,000 cases and 2,900 infertility-causing complications from occurring. This resulted in a savings of $10.7 million in direct care costs or $11.50 for every dollar invested.

Additionally in 2010, case management provided by disease intervention specialists prevented 614 cases of syphilis-related sequelae, 140 new cases from occurring and one congenital syphilis case. This resulted in a savings of $2.3 million in direct care costs and approximately $3.7 million in indirect cost savings.

Health Disparities

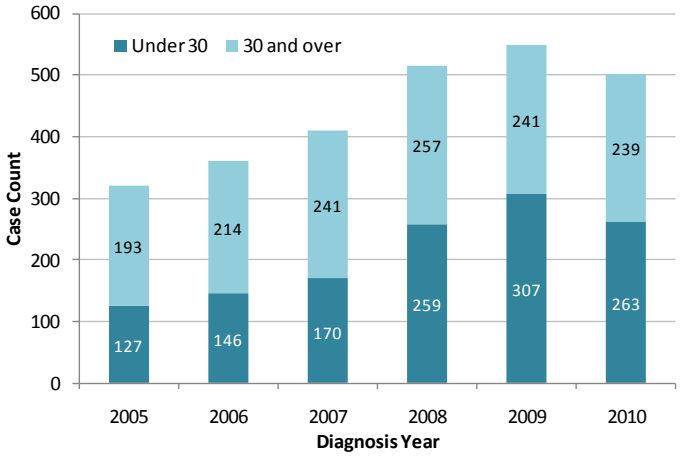
- 92% of HIV and TES co-infections are among MSM.
- Black women ages 20 to 24 have the highest rate of chlamydia of any age and race group.
- Black persons represent only 20% of Virginia's population, but comprise 70% of gonorrhea cases.

CHALLENGES

Mirroring national trends, syphilis continues to rise through 2009 in Virginia. Though preliminary data for 2010 indicates a decrease in cases, data from future years is needed to confirm a declining trend. It is of increasing concern that TES cases diagnosed in recent years have grown among younger persons.

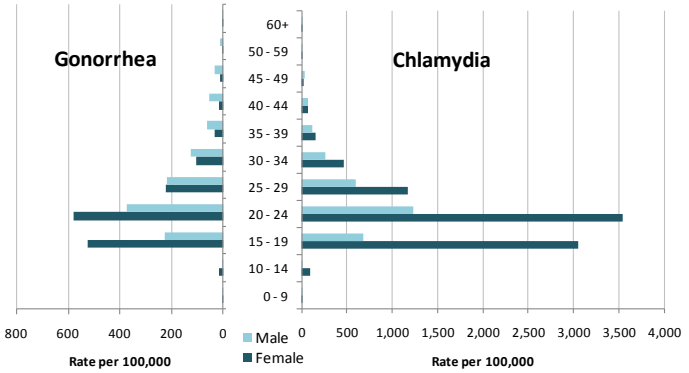
STDs among men who have sex with men (MSM) continue to rise and men comprise nearly 90% of TES cases annually. This is particularly burdensome because approximately 40% of the MSM diagnosed with early syphilis in 2010 were living with HIV. Though TES is found predominately among males, there is ongoing concern of congenital infections, which can lead to infant death.

Total Early Syphilis Cases by Age in Virginia, 2005-2010



According to the Centers for Disease Control and Prevention (CDC), one in four teenage girls is infected with an STD. In Virginia, the highest rates of gonorrhea and chlamydia are in young women ages 15 to 24. Though these infections are quite common, missed opportunities for STD screening still prevail (e.g., in school health clinics and routine physician visits).

Rates of Diagnosed Gonorrhea & Chlamydia by Age & Sex in Virginia, 2010



STD PROGRAMMATIC ACTION

STD SURVEILLANCE NETWORK (SSuN)

Advances SSuN is a CDC-funded project that collects enhanced surveillance data on individuals diagnosed with gonorrhea in the general population and on patients attending STD clinics. SSuN was established in 2005 as a 3-year demonstration project in 6 sites across the country (including Virginia), and was expanded to 12 sites in 2009 for an additional 5-year initiative.

In Virginia, the localities of Richmond City, Henrico and Chesterfield counties participate in SSuN. Enhanced surveillance data is captured for approximately 6,000 STD clinic visits a year and over 1,000 cases of gonorrhea. This data includes information not only on STD diagnoses, but also on patient demographics and high-risk behaviors.

GONOCCOCAL ISOLATE SURVEILLANCE PROJECT (GISP)

The CDC established GISP in 1986 to monitor trends in antimicrobial susceptibilities of strains of gonorrhea in the United States, and to establish a rational basis for the selection of gonococcal therapies. Virginia became a GISP participating site in 2007.

Since April 2007, the CDC has advised against the use of fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) for the treatment of gonorrhea, based on data indicating widespread drug resistance in the U.S. In Virginia, approximately 15-18% of the isolates collected by Richmond area STD clinics have been resistant to ciprofloxacin.

FIELD SERVICES (FS)

Field Services is responsible for administering federal funds received by Virginia for STD prevention and control. FS provides technical consultation, program evaluation, training for local health departments and partner services throughout Virginia. FS also directs all aspects of STD and HIV counseling, testing and treatment. Partner services are provided to local health departments through the provision of Disease Intervention Specialists (DIS). DIS conduct individual interviews and counseling sessions to identify at-risk individuals, to inform individuals of their exposure or infection, to provide assistance in accessing adequate medical care and to reduce re-infection.

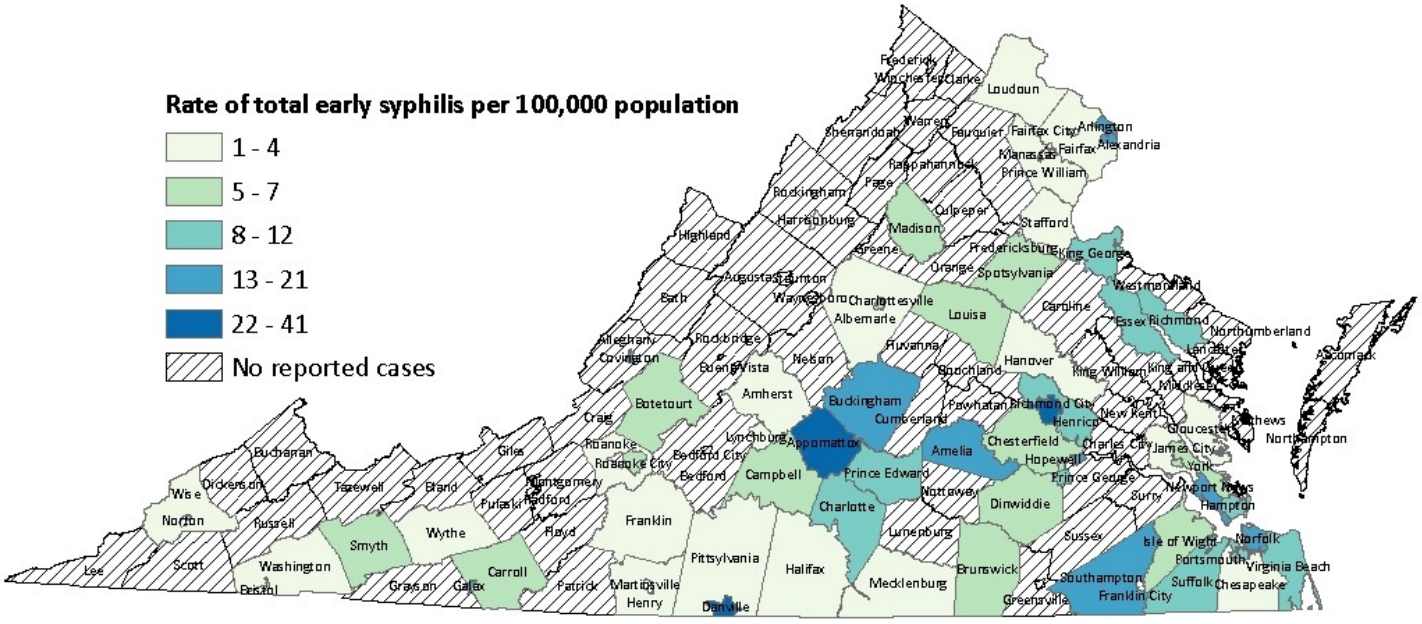
INFERTILITY PREVENTION PROGRAM (IPP)

Virginia has participated in the U.S. Department of Health and Human Services (HHS) Region III IPP Advisory Committee since 1993. The committee's goal is to assess and reduce the prevalence of chlamydia and associated complications among the states within the region. This is accomplished primarily by screening 90,000 women a year in Virginia public and community-based clinics. IPP funds are also used for outreach and education.

OUTBREAK RESPONSE

The Virginia Epidemiology Response Team (VERT) was created to work with local health departments during disease outbreaks. VERT provides onsite assistance including initiatives and strategies specific for Syphilis Elimination. The team is able to rapidly deploy and provide a quick infusion of personnel and other resources to avert an outbreak.

Rate of Total Early Syphilis Cases by City/County in Virginia, 2010



For more information… http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data